Volunteer Hunter Education Instructor Certification Application 4.2022

Prerequisites
1. Must be 18 years or older.
2. Must have successfully completed all applications and pass all background checks.
3. Have a valid Hunter Education card (from Wyoming or another state).
4. Must have an email address and access to a computer.
5. Have experience in the use of firearms, hunting, and outdoor skills.

Getting Certified
- Fill out the Wyoming Game and Fish Volunteer Service Agreement
- Fill out the Hunter Education Instructor Application with a waiver for wildlife violations check
- Mail.
  - No payment is necessary; WGFD Hunter Ed will pay for all background checks.
  - Please email Katie.simpson@wyo.gov or mail Service Agreement and Application to:
    Wyoming Game and Fish Department
    c/o Hunter Education
    5400 Bishop Blvd
    Cheyenne, WY 82006
- Complete and pass a federal criminal background check through a secure online form. A link will be emailed to the applicant once applicant submits the first two forms to the hunter education coordinator. THIS FORM MUST BE FILLED OUT DIGITALLY.
  - Once the applicant passes all background checks, they will be directed to a local Certified Hunter Education Instructor to complete the teaching portion of the training.
- Participate in a 4 hour online zoom training provided by WGFD Hunter Ed Program
  - Will cover HE policies and administrative practices for class logistics
- Participate in at least one full hunter education class with an approved mentor instructor.
  - Trainee instructor must learn how to complete and submit paperwork for hunter education classes.
  - Trainee instructor must lead at least one unit, completing a lesson plan and activity for the unit.
- Mentoring instructors will complete and submit an evaluation on the trainee instructor.
- Additional training is required later to become certified to lead an Internet Completion Course.
- Attend the Hunter Education Academy within 2 years of initial certification.

If you have questions, please call the Wyoming Hunter Education Coordinator at 307-777-4542
1. **Parties:** This Agreement is entered into by the *Wyoming Game and Fish Commission (Commission)*, at 5400 Bishop Boulevard, Cheyenne, Wyoming, 82006, and *Volunteer*, as identified in Paragraph 2 below.

2. **Volunteer Identity and Information:** (Please type or print)

   Volunteer Name: (Last)__________ (First)__________________________ (MI) ____

   Mailing Address: __________________ City __________________ State_____ Zip__________

   Home Phone No. __________________ Work Phone No._____________________ Date of Birth ____________

   Valid Email address:________________________________________________________ (Required for background check process)

   Social Security No:_____________________________ (Required for Workers Compensation coverage)

   Emergency Contact Information:___________________________________________(Name/Relationship/Contact Number)

3. **Purpose and Consideration:** Volunteer agrees to perform services for the Commission, and does not receive direct or indirect compensation. The Commission agrees to provide Volunteer the opportunity to participate on Commission approved projects and the insurance coverage in Paragraph 8 of this Agreement, in consideration for the work performed by Volunteer.

4. **Term of Agreement:** The term of this Agreement extends to the length of Volunteer's participation on any Department project or for a maximum of three years. At any time in the future, subject to an amendment, if any, of the Worker's Compensation statutes or other statutes which might substantively affect the terms of this Contract.

5. **Sovereign Immunity and State Liability:** The State of Wyoming do not waive sovereign immunity by entering into this Agreement, unless expressly exempt under the Governmental Claims Act, and each specifically retains immunity and all defenses available to them as sovereigns pursuant to Wyo. Stat. §1-39-104(a) and all other law. Volunteer agrees not to bring suit against any employee of the State who is acting within the scope of his/her employment, unless expressly exempt under the Governmental Claims Act.

6. **Liability of Volunteer:** Volunteer is deemed to be a public employee, without compensation, under the statutes of the State of Wyoming, and as such is protected from liability for injury or damage to others while acting within the scope of his/her duties under the Governmental Claims Act. Volunteer may be protected from civil liability for injuries of damage to the person or property of another under the following conditions:

   a. Volunteer is working on a Department task assigned by a Department representative supervising Volunteer's activities; and
   b. The act performed by the Volunteer does not involve willful or wanton negligence.

   The limits of protection to Volunteer are provided under Wyo. Stat. §1-39-118.

7. **Medical/Accidental Death or Dismemberment:** The State and the Game and Fish Commission provides Workers' Compensation Insurance to Commission volunteers.

8. **Vehicle Liability:** Volunteer may operate a Commission or state vehicle while performing volunteer duties only if a Department representative supervising Volunteer's activities and the Department of Administration and Information has authorized such use. Any liability caused by Volunteer's authorized operation of the vehicle shall be covered as provided in the Volunteer liability provision of this Agreement. Any third party injury to Volunteer
during his/her operation of a Commission or state vehicle may be compensated as provided under the Medical/Accidental Death or Dismemberment provision of this Agreement. Volunteer shall provide the Department representative supervising Volunteer's activities a copy of Volunteer's vehicle insurance coverage prior to Volunteer's operation of his/her own personal vehicle.

9. **Health and Physical Condition:** Volunteer understands and agrees that health and physical requirements for performing the work under this Agreement may be strenuous and agrees not to perform any work which may adversely affect an existing, known medical condition.

10. **Notification:** Volunteer shall immediately notify any Department representative supervising Volunteer's activities in the event Volunteer is involved in any accident or exposed to potential liability while performing any assigned duties or services under this Agreement.

11. **Termination of Agreement:** Either party, without cause, may terminate this Agreement.

12. **Background check and Driver’s License Checks:**
   Volunteer who works directly with individuals less than eighteen (18) years of age, money, or firearms, shall be subject to and pass a Department approved background check; Volunteer who operates a state vehicle shall be subject to and pass a Department approved background and driver's license check.

13. **Non-Discrimination:** The Commission is strongly committed to providing a working environment free from sexual harassment or any form of discrimination. Copies of the Department policy on sexual harassment may be obtained by contacting the Department Human Resource Office. Volunteer shall abide by the terms of the policy and shall follow the procedures contained in the policy should they be exposed to sexual harassment or any other form of prohibited discrimination. The Department actively supports the ADA and reasonably accommodates persons with disabilities who may wish to volunteer.

14. **Signatures and Acknowledgment:** By signing this Agreement, the parties certify that they have read and understand it, agree to be bound by its terms, and have the authority to sign it. Further, the Volunteer expressly authorizes the Department to conduct a criminal background investigation, as it deems appropriate, and to obtain any information pertaining to law enforcement records. Consent is granted for the custodian of any such records to release such information to the bearer. This consent is intended to release the custodian of such records from any and all liability for releasing the requested information. The Volunteer understands that the Department may conduct a background check of their driving record. The Volunteer understands and agrees that this is a legal contract, it is not valid until signed by the parties, and Volunteer is advised, but not required, to seek legal advice from an attorney prior to executing this Agreement.

15. **Entirety of Contract:** This two (2) page Agreement represents the entire and integrated Contract and supersedes all prior negotiations, representations and agreements, whether written or oral.

________________________________________  __________________________________________  ____________________________
Volunteer Printed Name                      Volunteer Signature                          Date

________________________________________  __________________________________________  ____________________________
Parent’s Printed Name for Volunteers Between Ages of 12-17  Parent or Legal Guardian Signature of Volunteers Between Ages of 12-17  Date

________________________________________  ____________________________
Department Project Supervisor Signature                                          Date
Please check the box for the program(s) you are applying for

Hunter Education Instructor [  ] Junior Hunter Education Instructor (age 14-17) [  ]
Bowhunter Education Instructor [  ] Junior Bowhunter Education Instructor (age 14-17) [  ]

Last Name:________________________________  First:__________________________________  Middle: _____________
Home Phone: ________________________________ Cell Phone: _____________________________________________
Email Address:________________________________________________________ Gender:_____________
Hunter Education certificate number:________________________ State of Issue:_______ Date of Issue:__________
Bowhunter Education certificate number:______________________ State of Issue:_______ Date of Issue:__________
Race/Ethnicity please check all that apply: [  ] American Indian or Alaska Native  [  ] Asian  [  ] Black or African American
[  ] Hispanic/Latinx  [  ] Native Hawaiian or Other Pacific Islander  [  ] White/Caucasian  [  ] I prefer not to answer

*Please note that to become a hunter education/bowhunter ed instructor it is mandatory to provide an email address, at least one phone number and proof that you have taken a hunter/bowhunter education class.

[  ] Check this box only if you would like your e-mail address, phone number and address to be shared with other hunter education instructors in a master instructor directory.

Emergency Contact________________________________ Relationship________________________
Phone number of Emergency Contact_________________________________________________________
Occupation/Former Occupation:_____________________________________________________________
Employer:__________________________________________________________

Additional Certifications Completed:

[  ] CPR  Expiration date:____________  [  ] AED  Expiration date:__________  [  ] EMT  Expiration date:__________
[  ] First Aid  Expiration date:__________  [  ] Other ____________________________ Expiration date: ___________

Range Certifications:

[  ] LEO  Expiration date:__________  [  ] Military  Expiration date:__________  [  ] NRA  Expiration date:__________
[  ] National Archery in Schools (NASP) Expiration date:__________
[  ] Other:________________________Expiration Date:_______

Certifications Include:

[  ] Range Safety Officer  [  ] Chief RSO  [  ] General Firearms instructor  [  ] Pistol Instructor  [  ] Shotgun  [  ] Rifle
[  ] Other:__________________________________________________________
Describe Why you want to be a Hunter ed/ Bowhunter ed Instructor:

Describe what, if any, experience you have with public speaking or teaching:

Describe your experience with hunting, shooting, archery or other related outdoor activities:

Have you ever been a Hunter Ed/Bowhunter ed Instructor in another state? [ ] YES [ ] NO
If yes, please describe:_______________________________________________________________

Name as you want it to appear on instructor name tag____________________________________
If you have a specific instructor you would like to train under, please provide their name and instructor number below ____________________________

Criminal and/or civil court records shall be reviewed for each applicant for projects where volunteer will be working with youth/families, driving vehicles, handling money or handling firearms:

I further agree to a complete background check as a component of the certification process and understand that any inaccurate information on this application may be grounds for disqualification from participating as a volunteer for the Department.

Have you ever been convicted of a:

- Wyoming wildlife violation { } Yes { } No If yes, please explain_____________________________________________________________
- DUI { } Yes { } No If yes, please explain_____________________________________________________________
- Felony { } Yes { } No If yes, please explain_____________________________________________________________

Are you now currently a defendant in any pending criminal cases? { } Yes { } No If yes, what is the court with jurisdiction in this case?_____________________________________________________

Note: This information will be kept confidential. Responding “Yes”, to any of the above questions, does not automatically disqualify an individual from volunteering. Department administration shall consider all pertinent aspects of the situation, including the nature and circumstances that required an affirmative response and the nature and scope of the work to be performed by the volunteer.

Signature: ___________________________________________ Date: __________________

Parent/Guardian signature for authorizing Junior Instructor (age 14-17) ________________________________
Date: _____________________________